



WRITTEN CONSENT AUTHORIZATION TO RELEASE ACADEMIC INFORMATION

To: Student Records

At: _____

I, the undersigned, hereby authorize the Saudi Arabian Cultural Bureau in Ottawa to enquire and receive any information relevant to my previous academic study, including transcript(s), certificates, grades, delivery mode, graduation dates, and the nature and content of my completed coursework at your respectful university. Your cooperation in this matter is highly appreciated.

This Consent, Authorization and Direction and this Release shall continue in full force and effect for the duration of my studies and/or training in Canada.

RELEASE

I hereby agree to release your honorable institute, its registrar staff, representatives and employees, from any claims, causes of action or liability arising now or in the future by reason of the release of the confidential information referred to above to the Saudi Arabian Cultural Bureau in Canada.

Name:

D.O.B:

Student Number:

E-mail:

Mobile:

Signature: _____

Date: _____

DD/MM/YYYY

الرقم: التاريخ: الموافق: المرفقات: